

2005

HSRS LONG-TERM SUPPORT

MODULE DESKCARD

MODULE TYPE A

HISPANIC / LATINO (Field 7a)

Y = Yes

N = No

RACE (Field 7b)

Code up to five.

A = Asian

B = Black or African American

I = American Indian or Alaska Native

P = Native Hawaiian or Pacific Islander

W = White

CLIENT CHARACTERISTICS (Field 8)

NOTE: For COP, COP-W, and Locally Matched CIP IB the first Client Characteristic is used for monitoring significant proportions.

34 Developmental disability - brain injury - occurred at age 21 or earlier

35 Developmental disability - brain injury - occurred after age 21*

23 Developmental disability - cerebral palsy

25 Developmental disability - autism

26 Developmental disability - mental retardation

27 Developmental disability - epilepsy

28 Developmental disability - other or unknown

86 Severe emotional disturbance

02 Mental illness (excluding SPMI)

03 Serious and persistent mental illness (SPMI)

04 Alcohol client

05 Drug client

10 Chronic alcoholic

12 Alcohol and other drug client

07 Blind / visually impaired

08 Hard of hearing

32 Blind/deaf

79 Deaf

09 Physical disability / mobility impaired

36 Other handicap

55 Frail elderly

57 Abused / neglected elder

18 Alzheimer's disease / related dementia**

77 Challenging behavior - not for use as first client characteristic.

37 Fragile / frail medical condition - not for use as first client characteristic.

87 Prader Willi

88 Asperger Syndrome

89 Pervasive developmental disorder

* For COP purposes Code 35 clients are counted as physically disabled.

** For COP purposes Code 18 clients under 65 are counted as physical disability; clients 65 and over are counted as elderly.

LEVEL OF CARE (Field 9)

1 Highest function screen eligibility is Level I.

2 Highest function screen eligibility is Level IIA - person is not developmentally disabled.

3 Highest function screen eligibility is Level IIB.

4 Meets functional screen special eligibility Level III only. Has physician's diagnosis of Alzheimer's disease or a related disorder.

5 Meets functional screen special eligibility Level III only - special SPMI level or referred from an IMD and does not meet functional screen Levels I or II.

6 Meets functional screen special eligibility Level III only. Is referred under Interdivisional Agreement 1.67 or has lost level of care eligibility under the waivers.

7 Functional screen Level IV - does not meet any of the above level of care or is grandfathered in with ICF 3, 4, or ICF-MR4-level of care determination prior to 11-01-83.

8 Has been ongoing COP recipient since prior to 1-1-86 and is therefore COP eligible without a level of care determination.

9 Has not had a level of care assigned as yet; level of care will be determined **PRIOR** to service provision.

B Brain injury

Codes 4, 5, 6, 8, and 9 are not waiver eligible

For use with LTS Codes (Field 26) 1, 4, and 8

M DD1A

N DD1B

O DD2

P DD3

For use with children's waivers only

R DD1 - children

S Psychiatric hospital - children

T Nursing home - children

U Hospital - children

MARITAL STATUS (Field 10)

1 Married

2 Divorced

3 Separated

4 Widow / widower

5 Never married

6 Legally separated

9 Unknown / other

LIVING ARRANGEMENT (Field 11)

PRIOR AND CURRENT

06 State mental health institute - not a current living arrangement - may be used for COP assessment, plan, applicant register

07 ICF / MR: not state center - not a current living arrangement - may be used for COP assessment, plan, applicant register

21 Adoptive home

22 Foster home - nonrelative

23 Foster home - relative

24 Treatment foster home

27 Shelter care facility

30 Person's home or apartment

32 State center for developmental disabilities - not a current living arrangement - may be used for COP assessment, plan, applicant register.

33 Nursing home - not a current living arrangement - may be used for COP assessment, plan, applicant register.

37 Adult family home 1-2 beds - not valid for CLTS-W

38 Adult family home 3-4 beds - not valid for CLTS-W

43 Child group home

44 Residential care center (children)

50 Brain injury rehab unit - hospital

51 Brain injury rehab unit - nursing home

60 Supervised community living - not valid for CIP 1, BIW, CLTS-W.

61 CBRF 5 - 8 beds

63 CBRF independent apartment - not a current living arrangement for CIP 1, BIW, and CLTS-W.

64 CBRF 9 - 16 beds - not a current living arrangement for CIP I, BIW, and CLTS-W.

65 CBRF 17 - 20 beds - not a current living arrangement for CIP I, BIW, and CLTS-W.

66 CBRF 21 - 50 beds - not a current living arrangement for CIP I, BIW, and CLTS-W. Need department approval for COP, COP-W, CIP II.

67 CBRF 51 - 100 beds - not a current living arrangement for CIP I, BIW, and CLTS-W. Need department approval for COP, COP-W, CIP II.

68 CBRF over 100 beds - not a current living arrangement for CIP I, BIW, and CLTS-W. Need department approval for COP, COP-W, CIP II.

70 Residential care apartment complex- only for COP-W and CIP II participants - may be used for COP assessment, plan, applicant register.

98 Other living arrangement - only for COP assessment, plan, applicant register.

PEOPLE

05 Living alone

09 Living alone with attendant care

10 Living with immediate family

11 Living with immediate family with live-in attendant care

15 Living with extended family

16 Living with extended family with live-in attendant care

18 Living with others

19 Living with others with live-in attendant care

90 Transient housing situation

NATURAL SUPPORT SOURCE (Field 12)

1 Parent

2 Spouse

3 Child

4 Other relative

5 Nonrelative

6 None

TYPE OF MOVEMENT / PRIOR LOCATION (Field 13)

(Optional for COP assessment, plan, applicant register)

N = Relocated from general nursing home

F = Relocated from ICF / MR facility

D = Diverted from entering any type of institution

B = Relocated from brain injury rehab unit

SPECIAL PROJECT STATUS (Field 14)

F Family care participant moves to a non family care county

I ICF-MR initiative

L Recipient of a CIP II NH relocation loan slot

COUNTY OF FISCAL RESPONSIBILITY (Field 15)

01 Adams 25 Iowa 49 Portage

02 Ashland 26 Iron 50 Price

03 Barron 27 Jackson 51 Racine

04 Bayfield 28 Jefferson 52 Richland

05 Brown 29 Juneau 53 Rock

06 Buffalo 30 Kenosha 54 Rusk

07 Burnett 31 Kewaunee 55 St. Croix

08 Calumet 32 La Crosse 56 Sauk

09 Chippewa 33 Lafayette 57 Sawyer

10 Clark 34 Langlade 58 Shawano

11 Columbia 35 Lincoln 59 Sheboygan

12 Crawford 36 Manitowoc 60 Taylor

13 Dane 37 Marathon 61 Trempealeau

14 Dodge 38 Marinette 62 Vernon

15 Door 39 Marquette 63 Vilas

16 Douglas 40 Milwaukee 64 Walworth

17 Dunn 41 Monroe 65 Washburn

18 Eau Claire 42 Oconto 66 Washington

19 Florence 43 Oneida 67 Waukesha

20 Fond du Lac 44 Outagamie 68 Waupaca

21 Forest 45 Ozaukee 69 Waushara

22 Grant 46 Pepin 70 Winnebago

23 Green 47 Pierce 71 Wood

24 Green Lake 48 Polk 72 Menominee

92 Oneida Tribe

COURT ORDERED PLACEMENT (Field 16)

Y = Yes

N = No

MA WAIVER FINANCIAL ELIGIBILITY TYPE (Field 17)

A = Categorically eligible

B = Categorically financially eligible - special income limit

C = Medically needy

D = COP eligible

INDICATOR FOR WAIVER MANDATE (Field 18)

(Optional for COP assessment, plan, applicant register)

A = MA waiver eligible

B = Not MA waiver eligible

C = MA waiver eligible but exempt

CLOSING REASON (Field 20)

05 Moved out of state

06 Died

09 Service not available

11 Not or no longer income / asset eligible

14 Not or no longer level of care eligible

21 Services arranged without agency involvement

24 Insufficient funds in COP to provide services

32 Rejected individual service plan (ISP)

35 Private pay / other public funding sources used to pay for service

38 Voluntarily declined or terminated services

39 Transferred to or preferred nursing home care

41	Transfer to joint lead agency		202	01Adult family home 1 - 2 beds	Days	107	30Specialized transportation & escort	1 way trips	104	20Supportive home care / hours	Hours
43	Ineligible living arrangement		202	02Adult family home 3 - 4 beds	Days	107	40Specialized transportation & escort	Miles	104	21SHC - personal care / hours (opt)	Hours
44	Moved out of county / closed on LTS		203	Children's foster/treatment home	Days	108	Prevocational services	Hours	104	22SHC - supervision services / hours	Hours
45	Moved out of county / still open on LTS		204	Group home	Days	110	Daily living skills training	Hours		(opt)	
46	Refused to supply needed financial documentation		205	Shelter care	Days	112	46Personal emergency response systems	None	104	23SHC - routine home care services / hours (optional)	Hours
47	Transfer to Pace Program		301	Court intake and studies	Hours						
48	Transfer to Partnership Program		401	Congregate meals	Meals	112	47Communication aids	Items	104	24SHC - chore services / hours (opt)	Hours
50	Not eligible - residency requirement (COP only)		402	Home delivered meals	Meals	112	55Special medical and therapeutic supplies	Items	106	01Energy assistance - when relocating from nursing home	None
51	Declined further services due to estate recovery		403	01Recreation activities	Hours						
52	Moved to and now resides in DD center		403	02Alternative activities	Hours	112	56Home modifications	Projects	106	03Housing start-up - when relocating from nursing home	None
53	Moved to and now resides in ICF-MR		403	03Alternative / other	Items	112	57Adaptive aids - vehicles	Items			
54	Moved to and now resides in IMD		406	Protective payments / guardianship	None	112	99Adaptive aids - other	Items	107	30Specialized transportation and escort - trips	1 way trips
55	Cannot support safe care plan / behavioral challenges		503	Inpatient stay	None**	113	Consumer education and training	Hours			
56	Cannot support safe care plan / medical issues		506	61CBRF 5 - 8 licensed beds	Days	202	01Adult family home 1 - 2 beds	Days	107	40Specialized transportation and escort - miles	Miles
57	No formal / informal supports available in community		506	63CBRF independent apartment	Days	202	02Adult family home 3 - 4 beds	Days			
			506	64CBRF 9 - 16 beds	Days	203	Children's foster/treatment home	Days	107	50Specialized transportation	Items
			506	65CBRF 17 - 20 beds	Days	402	Home delivered meals	Meals	110	Daily living skills training	Hours
58	County has exceeded CBRF cap		506	66CBRF 21 - 50 beds - need department approval	Days	503	Inpatient ICF / MR stay	None**	112	46Personal emergency response systems	None
COP SPC / SUBPROGRAM (Field 24)											
CODE	SPC	UNITS									
095	01Participant cost share	None				506	67CBRF 51 - 100 beds - need department approval	Days			
095	02Refunds, voluntary contributions	None	506	68CBRF over 100 beds - need department approval	Days						
101	Child day care	Days									
102	Adult day care	Hours	507	03Counseling and therapeutic resources	Hours	604	Support and service coordination/ case management	Hours	112	55Specialized medical supplies	Items
103	22Residential respite	Hours				604	01Support and service coordination/ case management - face-to-face contact (optional)	Hours	112	56Home modifications	Projects
103	24Institutional respite	Hours	507	04Counseling and therapeutic resources	Items/ services	604	02Support and service coordination/ case management - collateral contact (optional)	Hours	112	57Adaptive aids - vehicles	Items
103	26Home based respite	Hours							114	99Adaptive aids - other	Items
103	99Respite care - other	Hours	509	Community support	None				202	Vocational futures planning	Hours
104	10Supportive home care / days	Days	603	01COP assessment	Hours	604	03Support and service coordination/ case management - face-to-face home contact (optional)	Hours	202	01Adult family home 1 - 2 beds	Days
104	11SHC - personal care / days	Days	603	02COP plan	Hours				202	02Adult family home 3 - 4 beds	Days
104	12SHC - supervision services / days	Days	604	Case management	Hours				402	Home delivered meals	Meals
104	13SHC - routine home care services / days	Days	605	Advocacy and defense resources	Hours	604	04Support and service coordination/ case management - other contact (optional)	Hours	406	Protective payments / guardianship	None
			606	Health screening and accessibility	Hours				503	Inpatient stay	None**
104	14SHC - chore services / days	Days	610	Housing counseling	Hours				506	61CBRF 5 - 8 licensed beds	Days
104	20Supportive home care / hours	Hours	615	Supported employment	Hours	609	10Consumer directed supports	Days*	506	63CBRF independent apartment	Days
104	21SHC - personal care / hours	Hours	704	Day treatment - medical	Days	610	Housing counseling	Hours	506	64CBRF 9 - 16 beds	Days
104	22SHC - supervision services / hours	Hours	705	Detoxification - social setting	None	615	Supported employment	Hours	506	65CBRF 17 - 20 beds	Days
104	23SHC - routine home care services / hours	Hours	706	Day services treatment	Hours	619	Financial management services	Hours	506	66CBRF 21 - 50 beds - need department approval	Days
			710	Skilled nursing services	Hours	706	10Day services - adult	Hours			
104	24SHC - chore services / hours	Hours	CIP 1A, 1B, 1B-ICFMR and BIW SPC / SUBPROGRAM			706	20Day services - children	Hours	506	67CBRF 51 - 100 beds - need department approval	Days
106	01Energy assistance	None	CODE	SPC	UNITS	710	Nursing services	Hours	507	68CBRF over 100 beds - need department approval	Days
106	02Housing assistance	None	095	01Participant cost share	None						
106	03Housing start-up	None	102	Adult day care	Hours				507	03Counseling and therapeutic resources - hours	Hours
107	30Specialized transportation & escort	1 way trips	103	22Respite care residential	Hours	CIP II and COP-W SPC / SUBPROGRAM					
107	40Specialized transportation & escort	Miles	103	24Respite care institutional	Hours	CODE	SPC	UNITS	604	Case management	Hours
107	50Transportation specialized	Items	103	26Respite care home based	Hours	095	01Participant cost share / spend down	None	604	04 Case management - other contact (optional)	Hours
108	Prevocational services	Hours	103	99Respite care other	Hours	095	02Refunds, voluntary contributions	None			
110	Daily living skills training	Hours	104	10Supportive home care / days	Days	102	Adult day care	Hours			
112	46Personal emergency response systems	None	104	11SHC - personal care / days (opt)	Days	103	22 Residential respite	Hours	619	Financial management services	Hours
			104	12SHC - supervision services / days	Days	103	24Institutional respite	Hours	706	Day services treatment	Hours
112	47Communication aids	Items				103	26Respite care - home based	Hours	710	Skilled nursing services	Hours
112	55Specialized medical supplies	Items	104	20Supportive home care / hours	Hours	103	99Respite care - other	Hours	711	Residential care apartment complex	Days
112	56Home modifications	Projects	104	21SHC - personal care / hours (opt)	Hours	104	10Supportive home care / days	Days			
112	57Adaptive aids - vehicles	Items	104	22SHC - supervision services / hours	Hours	104	11SHC - personal care / days (opt)	Days			
112	99Adaptive aids - other	Items				104	12SHC - supervision services / days	Days			
113	Consumer education and training	Hours	104	88Supportive home care - worker room and board	None						
114	Vocational futures planning	Hours	106	03Housing start-up	None	104	13SHC - routine home care services / days (optional)	Days	*Only used with Memorandum of Understanding (MOU)		
						104	14SHC - chore services / days (opt)	Days	**HSRS days are calculated by counting the SPC Start Date but not the End Date		

CHILDREN'S LONG-TERM SUPPORT WAIVER

SPC / SUBPROGRAM

CODE	SPC	UNITS
095	01Participant cost share	None
103	22Residential respite	Hours
103	24Institutional respite	Hours
103	26Home based respite	Hours
103	99Respite care - other	Hours
104	10Supportive home care / days	Days
104	11SHC - personal care / days (opt)	Days
104	12SHC - supervision services / days (opt)	Days
104	20Supportive home care / hours	Hours
104	21SHC - personal care / hours (opt)	Hours
104	22SHC - supervision services / hours (opt)	Hours
104	88Supportive home care - worker room and board	None
107	30Specialized transportation and escort - trips	1 way trips
107	40Specialized transportation and escort - miles	Miles
110	Daily living skills training	Hours
112	46 Personal emergency response systems	None
112	47Communication aids	Items
112	55Special medical and therapeutic supplies	Items
112	56 Home modifications	Projects
112	57Adaptive aids - vehicles	Items
112	99Adaptive aids - other	Items
113	Consumer education and training	Hours
203	Children's foster/treatment home	Days
503	Inpatient stay	None**
507	03Counseling and therapeutic services	Hours
512	Intensive in-home autism services	Hours
604	Support and service coordination	Hours
604	01Support and service coordination - face-to-face contact (optional)	Hours
604	02Support and service coordination - collateral contact (optional)	Hours
604	03Support and service coordination - face-to-face home contact (optional)	Hours
604	04Support and service coordination - other contact (optional)	Hours
609	20Consumer and family directed supports	Days
615	Supported employment	Hours
619	Financial management services	Hours
706	20 Day services - children	Hours
710	Nursing services	Hours

REGISTER OF ELIGIBLE APPLICANTS

896	ICF-MR / NH Resident	None
897	Institutional resident	None
898	No publicly funded ongoing service to meet long-term care needs	None
899	Some publicly funded ongoing services but no COP or Waiver service	None

SPC End Date required when COP or waiver service begins, or removed from list.

TARGET GROUP (Field 25)

01	Developmental disability
31	Mental health
18	Alcohol and other drug abuse
57	Physical or sensory disability
58	Adults and elderly

LONG-TERM SUPPORT CODE (Field 26)

1	CIP 1A
2	CIP II
3	COP - waiver
4	CIP 1B
6	BIW
7	COP
8	CIP 1B - locally matched slot
B	BIW - locally matched slot
F	Children's autism - DD
G	Children's autism - MH
H	Children's long-term support - DD state match
I	Children's long-term support - DD local match
J	Children's long-term support - MH state match
K	Children's long-term support - MH local match
L	Children's long-term support - PD state match
M	Children's long-term support - PD local match
R	CIP1B – ICFMR
S	Transfer - sending county cost

FUNDING SOURCE (Field 27)

CP	COP match funding
CA	Community aids match funding
FS	Family support match funding
RO	Rollo match
FC	ACT-405
AZ	Alzheimer's funding (only allowed with SPC 899)
LO	County tax levy or sales tax
OA	Other approved match source - must be prearranged with BDDS
FT	Family care transfer (only for LTS codes 2, 4, 7)

SOS DESK (608) 266-9198

9:00 - 11:30 A.M. and 12:30 - 2:30 P.M.

or leave a voice mail message.

E-mail Address: soshelp@dhfs.state.wi.us

FAX (608) 267-2437

HSRS Handbook and Terminal Operator's Guide:

<http://www.dhfs.wisconsin.gov/HSRS/index.htm>

WI Department of Health and Family Services
Division of Disability and Elder Services
DDE-2018I (Rev. 01/2005)